

Becket Systems

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Oct/22/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient Right Lumbar selective nerve root block at L5-S1 with fluoroscopy

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

M.D., Board Certified Physical Medicine and Rehabilitation

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Official Disability Guidelines

Notification of adverse determination 08/24/11 recommending non-certification outpatient right lumbar SNRB at L5-S1 with fluoro

Notification of reconsideration determination 09/13/11 recommending noncertification appeal outpatient right lumbar SNRB at L5-S1

EMG/NCV consultation 08/18/11

Initial evaluation Dr. 07/19/11

Office visit notes Dr. 05/06/10-06/02/11

MRI of the lumbar spine 12/21/10

Operative report 04/20/10 right-sided decompression w/ partial laminectomy L4-5 and L5-S1

Physical therapy evaluation 02/07/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who sustained a lifting injury to the low back on xx/xx/xxxx. The records indicate the claimant is status post lumbar decompression in January 2007. She was doing well until she re-injured her back at work. She underwent lumbar decompression on the right at L4-5 and L5-S1 on 4/20/2010. Treatment following surgery is noted to include opioid medication, which relieves her pain -- and physical therapy, which helped the pain. The claimant continued to complain of low back pain radiating into the right buttocks with burning into the right leg. MRI of the lumbar spine performed on 12/21/10 revealed postoperative changes with right laminectomy at L4-5, and parathecal scarring in the right parathecal region. No encroachment of exiting nerve roots or neural foramina was noted. Physical examination on 08/18/11 reported sensation intact except paresthesias into the right dorsal foot as well as decreased pinprick sensation in the right L5 dermatome and decreased two-point discrimination in the right L5 dermatome. There was 4/5 weakness in the right EHL. The claimant was recommended to undergo selective nerve root block. Electrodiagnostic testing performed on 08/18/11 reported evidence of a mild to moderate, subacute right L5-S1 radiculopathy with signs of active denervation. A preauthorization request for right lumbar SNRB at L5-S1 was reviewed on 08/24/11. The reviewer noted the claimant complains of low back and right leg pain. It was mentioned that the claimant suffers from what appears to be a right L5 radicular pain. Per the medicals, there is decreased pinprick sensation and decreased two-point discrimination in the right L5 dermatome. Medicals dated 06/02/11 showed EHL strength 4/5

with sitting straight leg raise positive on the right. The lumbar MRI showed L5-S1 has no significant neural foraminal stenosis, EMG/NCV of the lower extremities demonstrated mild to moderate subacute right L5-S1 radiculopathy with active denervation on needle exam. The request could not be substantiated because there was no documentation of failed conservative management. Physical therapy progress reports were not submitted.

It was noted that the claimant had epidural steroid injection at L5-S1 in 10/09 with 75-80% improvement. However, functional improvement from the injection was not objectively documented. It was noted that the claimant continues with home exercises, but a formal rehabilitation plan that incorporates the use of the requested injection as an adjunct to achieve time bound goals was not included. An appeal request for right lumbar SNRB at L5-S1 was reviewed on 09/13/11. The reviewer noted that medical report dated 08/18/11 noted the claimant presents with right leg pain with numbness and tingling of the right foot and toes. On physical examination she has paresthesias into the right dorsal foot, decreased pinprick and two-point discrimination in the right L5 dermatome. Muscle strength of the right EHL is 4/5. Straight leg raise test on the right is positive. However, there are no clinical records submitted to validate that the claimant underwent an appropriate course of occupational therapy. Likewise, response to optimized pharmacotherapy was not given emphasis. It was also noted the clinical information did not provide objective documentation of the claimant's clinical and functional response from mentioned steroid injections including sustained pain relief, increased performance in activities of daily living and reduction in medication use.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION

This claimant has undergone two previous back surgeries, Lumbar decompression in 2007 decompression on the right at L4-5 and L5-S1 in April 2010. Postoperatively the claimant continued to complain of low back pain radiating to the right lower extremity. On examination there was evidence of motor and sensory changes with right EHL 4/5 weakness and paresthesias into the right dorsal foot as well as decreased pinprick sensation in the right L5 dermatome and decreased two point discrimination in the right L5 dermatome. She has positive electrodiagnostic findings of mild to moderate subacute right L5-S1 radiculopathy with signs of active denervation on needle exam. Per ODG Guidelines, epidural steroid injection (selective nerve root block) requires that radiculopathy must be documented with objective findings on examination present and radiculopathy corroborated by imaging studies and/or electrodiagnostic testing. The clinical information does demonstrate objective findings of radiculopathy on clinical examination and electro diagnostic testing corroborates these findings. Because of this, the reviewer finds the requested Outpatient Right Lumbar selective nerve root block at L5-S1 with fluoroscopy is medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

- ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)